

PTO/SB/52 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	REISSUE APPLICATION DECLARATION BY TH	Docket Number (optional) 98706R								
	I hereby declare that:		96700K							
	My residence and mailing address and citizenship are stated below next to my name.									
	I am authorized to act on behalf of the following assignee: Xerox Corporation									
	and the title of my necition with said essigned in:	ciate Gener	al Patent Counsel							
	and the title of my position with said assignee is: Associate General Patent Counsel The entire title to the patent identified below is vested in said assignee.									
		assignee.								
	Philip D. Floyd, et al.	Name of Patentee(s):								
ŀ	T									
		ecember 14,	1999							
Ì	Title of Invention									
	METHOD AND APPARATUS FOR AN INTEGRATED LASER BEAM SCANNER									
	I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is									
•		• •	_							
	described and claimed in said patent, for which a reissue patent is sought on the invention entitled									
	the specification of which									
	X is attached hereto.									
	was filed on as reissue application number /									
	and was amended on(If applicable)									
	I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.									
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
	I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)									
	by reason of a defective specification or drawing.									
	by reason of the patentee claiming more or less than he had the right to claim in the patent.									
	by reason of other errors.									
	At least one error upon which reissue is based is described as The claims, as allowed, on first Off narrower than the true scope of the	fice Action,	are substantially							
	[Attach additional sheets, if needed.]									
	All errors corrected in this reissue application arose without ar applicant.	nny deceptive intent	ion on the part of the							

[Page 1 of 2]





REISSUE	APPLIC#	ATION DECLARATION BY	DECLARATION BY THE ASSIGNEE			Docket Number (Optional) 98706R		
	the United	wing attorney(s) and/or age d States Patent and Traden		connected n Number		on and t	transact	
Correspondence	Correspondence Address: Direct all communications about the application to:							
Customer N	lumber	Type Customer Number Here			Num	Place Customer Number Bar Code Label Here		
Firm or Individual Name	Xerox Corporation Patent Documentation Center							
Address	100 Clinton Ave. S., XRX2-20A							
Address		•			44	······································		
City	Roch	ester		State	NY	Zip	14644	
Country	USA		<u></u>	!				
Telephone		423-4299	T	Fax	585-42	2 52	40	
statements mad were made with	nereby declare that all statements made herein of my own knowledge are true and that all atements made on information and belief are believed to be true; and further that these statements ere made with the knowledge that willful false statements and the like so made are punishable by ne and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may opardize the validity of the application, any patent issuing thereon, or any patent to which this eclaration is directed. July name of person signing (given name, family name) Lugene 0. Palazzo							
jeopardize the v declaration is di Full name of pe	rected. rson signi	ing (given name, family nar		aly				
jeopardize the videclaration is different formation is different formation of personal support formation of the videos of the vi	rected. rson signi Palaz	ing (given name, family name)		Bate		-200	· /	
jeopardize the videclaration is di Full name of pe Eugene O. Signature	rected. rson signi Palaz gnee Xe	ing (given name, family nar	me)	/	2-13-			
jeopardize the videclaration is di Full name of pe Eugene O. Signature Address of Assi 800 Long I	rected. rson signi Palaz gnee Xe Ridge	erox Corporation Road, P.O. Box 16	me)	amford	, CT, 0			
jeopardize the videclaration is dideclaration is difference of the Eugene of Eugene of Signature Address of Assistance of Assis	rected. rson signi Palaz gnee Xe Ridge	erox Corporation	me)	amford	, CT, 0			
jeopardize the videclaration is dideclaration is difference of the Eugene of the Eugen	rected. rson signi Palaz gnee Xe Ridge I Floyd ing Addre	erox Corporation Road, P.O. Box 16	me) 600, St	camford Citiz USA	, CT, 0			
jeopardize the videclaration is dideclaration is difference of the Eugene of the Eugen	rected. rson signi Palaz gnee Xe Ridge I Floyd ing Addre	erox Corporation	me) 600, St	camford Citiz USA	, CT, 0			